

REVENUE RATE CHANGE REQUEST

Hospital name		Provider number	Date	
Address (number, street)		City	State	ZIP code

REVENUE CODE	DESCRIPTION	NEW RATE	EFFECTIVE DATE
<input type="checkbox"/> 119	Room and Board, Private (Medical or General), Other		
<input type="checkbox"/> 129	Room and Board, Semi-Private Two Beds (Medical or General), Other		
<input type="checkbox"/> 139	Room and Board, Semi-Private Three or Four Beds, Other		
<input type="checkbox"/> 159	Room and Board, Ward (Medical or General), Other		
<input type="checkbox"/> 170	Nursery, General Classification		
<input type="checkbox"/> 171	Nursery, Newborn—Level 1		
<input type="checkbox"/> 172	Nursery, Newborn—Level II (When billed with non-OB-delivery-related ICD-9-CM Volume 3 Procedure Code; formerly this was local code 085)		
<input type="checkbox"/> 172	Nursery, Newborn—Level II (When billed with OB-delivery-related ICD-9-CM Volume 3 Procedure Code; formerly this was local code 095)		
<input type="checkbox"/> 173	Nursery, Newborn—Level III		
<input type="checkbox"/> 174	Nursery, Newborn—Level IV		
<input type="checkbox"/> 111	Room and Board, Private Medical/Surgical/Gynecological		
<input type="checkbox"/> 121	Room and Board, Semiprivate Two Beds, Medical/Surgical/Gynecological		
<input type="checkbox"/> 131	Room and Board, Semiprivate Three or Four Beds, Medical/Surgical/Gynecological		
<input type="checkbox"/> 151	Room and Board, Ward, Medical/General, Medical/Surgical/Gynecological		
<input type="checkbox"/> 117	Room and Board, Private Oncology		
<input type="checkbox"/> 127	Room and Board, Semiprivate Two Beds, Oncology		
<input type="checkbox"/> 137	Room and Board, Semiprivate Three or Four Beds, Oncology		
<input type="checkbox"/> 157	Room and Board, Ward, Medical/General, Oncology		
<input type="checkbox"/> 112	Room and Board, Private Obstetric		
<input type="checkbox"/> 122	Room and Board, Semiprivate Two Beds, Obstetric		
<input type="checkbox"/> 132	Room and Board, Semiprivate Three or Four Beds, Obstetric		
<input type="checkbox"/> 152	Room and Board, Ward, Medical/General, Obstetric		
<input type="checkbox"/> 113	Room and Board, Private Pediatric		
<input type="checkbox"/> 123	Room and Board, Semiprivate Two Beds, Pediatric		
<input type="checkbox"/> 133	Room and Board, Semiprivate Three or Four Beds, Pediatric		
<input type="checkbox"/> 153	Room and Board, Ward, Medical/General, Pediatric		
<input type="checkbox"/> 118	Room and Board, Private Rehabilitation		
<input type="checkbox"/> 128	Room and Board, Semiprivate Two Beds, Rehabilitation		
<input type="checkbox"/> 138	Room and Board, Semiprivate Three or Four Beds, Rehabilitation		
<input type="checkbox"/> 158	Room and Board, Ward, Medical/General, Rehabilitation		
<input type="checkbox"/> 200	Intensive Care, General		
<input type="checkbox"/> 201	Intensive Care, Surgical		
<input type="checkbox"/> 202	Intensive Care, Medical		
<input type="checkbox"/> 203	Intensive Care, Pediatric		
<input type="checkbox"/> 206	Intensive Care, Intermediate ICU		
<input type="checkbox"/> 207	Intensive Care, Burn Care		
<input type="checkbox"/> 208	Intensive Care, Trauma		
<input type="checkbox"/> 209	Intensive Care, Other		
<input type="checkbox"/> 210	Coronary Care, General		
<input type="checkbox"/> 211	Coronary Care, Myocardial Infarction		
<input type="checkbox"/> 212	Coronary/Pulmonary Care		
<input type="checkbox"/> 214	Coronary Care, Intermediate CCU		
<input type="checkbox"/> 219	Coronary Care, Other		
<input type="checkbox"/> 790	Lithotripsy		

REVENUE RATE CHANGE REQUEST (continued)

Transplant services rendered to County Medical Services Program (CMSP) beneficiaries by inpatient contract hospitals must be billed with appropriate ICD-9-CM Volume 3 procedure code on their noncontract provider number.				
REVENUE CODE	DESCRIPTION		NEW RATE	EFFECTIVE DATE
<input type="checkbox"/> 201*	Intensive Care, Lung Transplant (Single or Double)	(Old 83)		
<input type="checkbox"/> 201*	Intensive Care, Heart-lung Transplant	(Old 84)		
<input type="checkbox"/> 201*	Intensive Care, Heart Transplant	(Old 86)		
<input type="checkbox"/> 201*	Intensive Care, Liver Transplant	(Old 87)		
<input type="checkbox"/> 201*	Intensive Care, Bone Marrow Transplant	(Old 88)		
<input type="checkbox"/> 201*	Intensive Care, Kidney Transplant	(Old 89)		
<input type="checkbox"/> 203*	Intensive Care, Pediatric, Lung Transplant (Single or Double)	(Old 83)		
<input type="checkbox"/> 203*	Intensive Care, Pediatric, Heart-Lung Transplant	(Old 84)		
<input type="checkbox"/> 203*	Intensive Care, Pediatric, Heart Transplant	(Old 86)		
<input type="checkbox"/> 203*	Intensive Care, Pediatric, Liver Transplant	(Old 87)		
<input type="checkbox"/> 203*	Intensive Care, Pediatric, Bone Marrow Transplant	(Old 88)		
<input type="checkbox"/> 203*	Intensive Care, Pediatric, Kidney Transplant	(Old 89)		

* To be billed in conjunction with appropriate ICD-9-CM Volume 3 Procedure Code

Name of authorized person (please print or type)		Title	
Signature		Telephone number	
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